Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>4/2</u> 6/07	Address:	1424 MILLINGEY AV
Case #: 96 F 0 2279		
County: <u>I∠</u> , □ ○ X		_ EN 47591
Type of Laboratory Seizure (check one)	Seizure Location (el	neck all that apply)
Operational Lab Chemical/Glassware/Equipment (only Dumpsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Jodine Reaction(s): Flammable Solvents:		
Child under age 18 discovered (check one Yes 2 (number present) No "If yes, fax report to Child Protective Services	Ephodrine. Retail/Mei	Pseudoephedtine Tracking Log
This report is to be faxed to the following agencies that serve the location:		
Fire Department: Vintennes FO	Fax:	882-2002 81 5000
Health Department: Nasy 💪	Fax: <u>812.</u> Fax:	004-3
Child Protection Service:		
For further information regarding this met Investigating Officer: Lr. K. HUGGOOG	thampheramine laboratory, co Phone <u>8/2</u> ~ /}2. ~/6	ntact 3 o

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sont to the Clandestine Laboratory Team Leader for retention.